

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

530

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY
Postmark Date: 1-2-01

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 All 1009881 and 1009882
 1009881
 1009882

1010130

1. NAME DIXON Jim MI
Last First2. BUSINESS PHONE: 225-928-00263. BUSINESS ADDRESS: 9521 Brookline Ave. Baton Rouge, LA 70809
Street and No. City State ZipMAILING ADDRESS: Same as above
Street and No. City State Zip4. EMPLOYER: Louisiana Hospital Association5. EMPLOYER'S ADDRESS: 9521 Brookline Ave. Baton Rouge, LA 70809
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Hospital Association
 Address 9521 Brookline Avenue, Baton Rouge, LA 70809
 Business or purpose Non profit trade association

 New Representation
Does this person pay you? _____

If No, who pays you? _____

 Terminated Representation as of Dec. 1, 2000

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 OFFICE OF THE CLERK
 CAMDEN REGISTERED
 REPRESENTATIVE

SUPPLEMENTAL REGISTRATION FORM

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2. Name _____

Address _____

Business or purpose _____

New Representation
Does this person pay you?

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

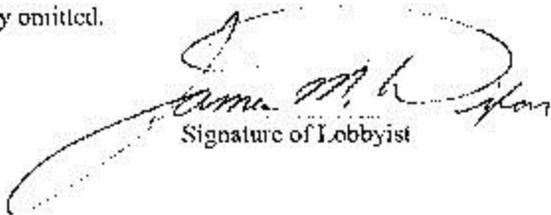
New Representation
Does this person pay you?

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief, and that no information required by the Lobbyist Disclosure Act [I.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.


Signature of Lobbyist